SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:</li></ul>	A. Signature    Magent   Manne   Addressee     B. Received by (Printed Name)   C. Date of Delivery     Helena   Chinn   -35-08     D. Is delivery address different from Item 1?   Yes     If YES, enter delivery address below:   Mo
Agroservice, Inc. P.O. Box 336 Silver Creek, Nebraska 68663	Service Type Certifled Mail Express Mail Registered Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7004 2510 0006 9720 3624	
PS Form 3811, February 2004 Domest	ic Return Receipt 102595-02-M-1540

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